



**DEPARTMENT OF THE NAVY**  
COMMANDER  
MILITARY SEALIFT FLEET SUPPORT COMMAND  
1283 TOW WAY DRIVE  
NORFOLK, VA 23511-2419

COMSFSCINST 5360.1

N1

17 JUL 06

COMSFSC INSTRUCTION 5360.1

From: Commander, Military Sealift Fleet Support Command

Subj: CIVILIAN MARINER DECEDENT AFFAIRS STANDARD OPERATING PROCEDURES

Ref: (a) CMPI 900; Section 2, Disappearances and Section 4, Notification of Next of Kin  
(b) NAVMEDCOMINST 5360.1  
(c) COMSCINST 6000.1C  
(d) COMSCINST 5100.17C  
(e) SECNAVINST 5430.107

Encl: (1) CAC/FHS Program Coordinators - Overseas/ Stateside.  
(2) Official Superior's Report of Employee's Death (CA-6).  
(3) Chronological Record of Medical Care (SF 600).  
(4) Inventory of Personal Effects (NAVSUP FORM 29).  
(5) Requisition and Invoice/Shipping Document (DD 1149).  
(6) Sample of Personal Effects Shipment letter from Director of Logistics  
(7) Public Voucher for Unpaid Compensation Due A Deceased Civilian Employee (SF 1154).  
(8) Internal Revenue Form 1099-MISC, Miscellaneous Income and Tax Statement.  
(9) Individual Retirement Record, CSRS (SF 2806) and Individual Retirement Record, FERS (SF 3100).  
(10) Register of Separations and Transfers, CSRS (SF 2807) and Register of Separations and Transfers, FERS (SF 3103).  
(11) Thrift Savings Plan Employee Data/Payment/Negative Adjustment Record Input Form, TSP-5.

1. Purpose. To provide procedural guidance to be followed in the event of the death of a Civilian Mariner. In the event of a disappearance with no remains and the evidence is such that there is no other rational possibility other than the conclusion of death, Commander, Military Sealift Fleet Support Command (COMSFSC) will make a determination of death in accordance with Section 2 of reference (a).

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2. Background. It is important to make ourselves available and work closely, compassionately and professionally with the family members, to provide whatever assistance they may need and to ensure that the family members are fully aware of all entitlements. Upon notification of a death, the Military Sealift Fleet Support Command (MSFSC), Human Resources and Manpower Department (N1) Point of Contact (POC) handling Decedent Affairs will contact the Military Medical Support Office (MMSO) regarding the death in service. References (a) through (d) provide details clarifying areas of uncertainty. MMSO Mortuary Affairs has a 24-hour duty desk and can be reached at 1-888-647-6676, extensions 6621/6629 or 1-847-688-3950, extension 6629. Questions and answers, which are not clearly understood, should be directed to the duty desk.

3. Procedures

a. Notification procedures in cases of employee death while assigned to a ship, Customer Service Unit (CSU) Site Manager, or MSFSC Training Center:

(1) The Master, MSFSC CSU Site Manager, or MSFSC Training Center Director will immediately report the death of a mariner to the MSFSC N1 POC for Decedent Affairs at (757) 434-0595.

(2) The Master, MSFSC CSU Site Manager, or MSFSC Training Center Director will, in accordance with reference (e), immediately initiate request to the Naval Criminal Investigative Service (NCIS) office for the area to conduct an investigation to rule out homicide or suicide and to assist with/conduct inventory of personal effects of deceased and/or preserve evidence. Initiate death notification message to Director, MSFSC N1, with a copy to COMNAVPERSCOM, MMSO Mortuary Affairs and COMSC in accordance with reference (b).

(3) Where possible, personal notification of the primary next of kin (PNOK) will be made by the MSFSC N1 POC

(4) If PNOK lives outside commuting area of MSFSC office, MSFSC N1 POC will arrange for notification to be made by a Casualty Assistant Calls Officer (CACO) in the applicable area, enclosure (1). CACO will only make initial contact. Any follow up contacts will be accomplished by the MSFSC N1 POC.

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(5) After personal notification is made, CACO will provide all details of notification to MSFSC N1 POC.

(6) Within 24 hours of notification, the MSFSC POC will contact the PNOK, confirming the death, explaining that the remains will be transported to the funeral establishment of their choosing in the city of the decedent's home of record, maintaining constant contact with PNOK during shipment of remains, and provide necessary assistance to complete MSCs responsibilities contained within this instruction.

b. Phone Numbers For Points Of Contact

(1) MSFSC POC for Decedent Affairs: 24 hour cell phone (757) 434-0595. Also, these numbers are available during normal working hours: DSN 537-4305/4283, or COMM (757) 417-4305/4283. Additionally, see MSFSC/CSUs "After Hours" POCs Listing published monthly.

- |                          |  |
|--------------------------|--|
| (2) COMSC SDO:           | DSN 325-5155<br>COMM (202) 685-5155<br>(Day or night). |
| (3) MSFSC SDO:           | CELL PHONE<br>(757) 434-2752                           |
| (4) MSFSC SSU SAN DIEGO: | 24 HR CELL PHONE<br>(619) 572-5404                     |
| (5) SEALOGPAC SDO:       | 24 HR CELL PHONE<br>(619) 572-2969                     |
| (6) SEALOGPAC OPS:       | COMM (619) 524-9617                                    |
| (7) SEALOGLANT SDO:      | 24 HR PHONE<br>(757) 443-5758<br>(757) 443-5759        |
| (8) SEALOGLANT OPS:      | (757) 443-5613   |
| (9) COMNAVPERSCOM SDO:   | DSN 882-3070/3071<br>COMM (901) 874-3070/3071          |
| (10) COMNAVPERSCOM POC:  | 1-800-368-3202<br>(day or night)                       |

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Casualty Assistance Division      DSN 882-4300 COMM (901) 874-4300  
Casualty Assistance Division      DSN 882-4297 COMM (901) 874-4297

(11) MMSO MORTUARY AFFAIRS:

HMI, 1-888-647-6676, Ext 6621/6629 or 1-847-688-3950,  
Ext 6621/6629

4. Action

a. Ship's Master, CSU Site Manager and Training Center  
Director Responsibilities.

(1) The Master will:

(a) Appoint the civilian department head for whom the  
mariner worked and one additional officer to complete an  
inventory of the deceased mariner's personal effects and  
establish a chain of custody (with the assistance of NCIS, if  
required).

(b) Complete enclosure (2), Official Superior's  
Report of Employee's Death, and forward to the MSFSC N1 POC for  
Decedent Affairs.

(c) Complete enclosure (3), Chronological Record of  
Medical Care, and send to the MSFSC N1 POC. The MSFSC N1 POC  
will forward the original to the Medical Department.

(2) The CSU Site Manager and Training Center Director  
will:

(a) Appoint two staff members to complete an  
inventory of the deceased mariner's personal effects and  
establish a chain of custody (with the assistance of NCIS, if  
required).

(b) Complete enclosure (2), Official Superior's  
Report of Employee's Death, and forward to the MSFSC N1 POC for  
Decedent Affairs.

(c) Complete enclosure (3), Chronological Record of  
Medical Care, and send to the MSFSC N1 POC. The MSFSC N1 POC  
will forward the original to the Medical Department.

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b. The Department Head and Officer (or CSU appointees) will:

(1) Inventory and launder, if required, all personal effects.

(2) Complete enclosure (4), Inventory of Personal Effects.

(3) Turn over checks/currency found among the decedent's personal effects to the Ship's Purser, or Disbursing Officer if ship does not have a purser, for appropriate disposition.

(4) Coordinate and package effects for shipment with MSFSC's Logistics Department Director (N41).

(5) Complete enclosure (5), Requisition and Invoice/Shipping Document, for shipment of effects.

(6) Mail an advance copy of enclosures (4) and (5) to MSFSC N1 POC for Decedent Affairs.

(7) For East coast mariners mail effects via "Registered Mail" to Defense Support Services, Attn: MSFSC N41 Logistics, 1112 Cavalier Blvd., Chesapeake, Virginia 23323, and include enclosures (4) and (5). Logistics Division will forward to decedent's next of kin (NOK).

(8) For West coast mariners contact the Service Support Unit (SSU), San Diego at (619) 553-1557 (DSN 524-1557) for the address to mail effects via "Registered Mail" and include enclosures (4) and (5). SSU San Diego will forward to decedent's next of kin (NOK).

c. The Purser or Ship's Disbursing Officer will:

(1) Convert currency to a single check payable to Director, Disbursing Division (N84), with the following inscription in the lower left (object for which drawn) area: Ex-cash remit; personal effects of (name, ship, social security number).

(2) Forward the check via registered mail/return receipt requested, to MSFSC N84, PO Box 7480, Virginia Beach, VA 23458-7480, and include a detailed list of the composition of the check.

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(3) Forward original and four certified original copies of death certificate and one copy of autopsy report to the MSFSC N1 POC for Decedent Affairs as soon as it is available. Do not wait for a copy of the autopsy report before sending the death certificate. If death occurred overseas, ensure that death certificate and/or autopsy report is translated into English and notarized. Translation can usually be performed by the U.S. Embassy or Consulate's Office in that country.

d. MSFSC N41 Logistics Department will:

(1) Assign two employees to re-inventory, verify and sanitize the personal effects.

(2) Prepare a new Inventory of Personal Effects, enclosure (4), and any required supplemental inventory sheets and authenticate all documents

(3) Obtain name and mailing address of Next of Kin (NOK) from the MSFSC N1 POC for Decedent Affairs.

(4) Notify NOK by official letter for the MSFSC N41's signature, advising of shipment of personal effects, enclosure (6).

(5) Package decedent's personal effects for shipment, including the original copy of the NAVSUP Form 29, any supplemental inventory sheets and a copy of the notification/acknowledgment letter previously forwarded to NOK.

(6) Forward decedent's personal effects, using U.S. Postal Express Mail or Federal Express.\* This will ensure prepaid shipment and delivery to inside of NOK's residence. A Requisition and Invoice/Shipping Document (DD 1149) will be completed, enclosure (5).

\*Note: If within commuting area, personally deliver to NOK.

(7) Decedent's personal effects must be forwarded via commercial trucking company if they exceed the weight limitations for U.S. Postal Express or Federal Express; in this instance a Government Bill of Lading must be completed.

(8) If notification/acknowledgment letter is not returned within 14 days, initiate follow-up.

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(9) Maintain a copy of all documentation in the case file.

e. MSFSC N8 upon receipt of paperwork from MSFSC N1 POC for Decedent Affairs will:

(1) Verify pay and leave status for deceased employee using UCPS payroll system to determine if any wages are due.

(2) Prepare the following if unpaid wages are due the deceased employee:

a. Public Voucher for Unpaid Compensation (SF 1154), enclosure (7).

b. Internal Revenue Form 1099-Miscellaneous Income for beneficiaries listed on SF 1154, enclosure (8).

(3) Forward completed Public Voucher for Unpaid Compensation (SF 1154) and 1099-Miscellaneous forms to Disbursing Division, MSFSC Financial Management Department N8.

(4) Complete the Individual Retirement Record, CSRS (SF 2806) or FERS (SF 3100), enclosure (9).

(5) Complete Register of Separations and Transfers, CSRS (SF 2807) or FERS (SF 3103), enclosure (10). Forward to the Office of Personnel Management.

(6) If deceased employee was covered by Thrift Savings Plan, complete Employee Data/Payment/Negative Adjustment Form TSP-5, enclosure (11), indicating separation information, and forward to National Finance Center, TSP Service Office.

f. MSFSC N84, Disbursing Division Responsibilities. The Director, Disbursing Division, upon receipt of information from MSFSC N1 POC for Decedent Affairs and Payroll Branch N871 will:

(1) Deposit ex-cash check (converted cash found in deceased's possession) turned in by the Purser to the Treasury of the United States.

(2) Issue an ex-cash check for these monies to the payee and address designated via email by MSFSC N1 POC for Decedent Affairs.

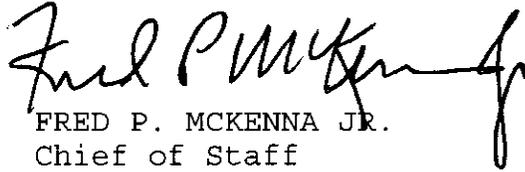
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(3) Prepare separate check(s), payable to the names and addresses listed on the Public Voucher for Unpaid Compensation Due A Deceased Civilian Employee (SF 1154).

(4) Mail check(s), SF 1154, and 1099 Miscellaneous to the Beneficiary(ies).

(5) Maintain a copy of all documentation in the voucher file.

  
FRED P. MCKENNA JR.  
Chief of Staff

Distribution: (MSFSCINST 5216.1A)  
List I and II

(CAC) - Casualty Assistance Unit

STATESIDE CAC/FHS PROGRAM COORDINATORS

11:27 AM 2/1/2006

ZONES OF RESPONSIBILITY	REGION/ADDRESS	COORDINATOR/STAFF	PHONE NUMBERS	AFTER HOURS DUTY NUMBERS		
CT, IN, ME, MA, MI, NH, NJ, NY, OH, RI, VT, CANADIAN PROVINCES OF QUEBEC, NEW BRUNSWICK, ONTARIO, NOVA SCOTIA, MANITOBA & NORTHWEST TERRITORY	COMNAVREG NE GROTON CT/ND22/ COMMANDER NAVY REGION NORTHEAST PO BOX 101 CODE 01D2 NAVAL SUBMARINE BASE NEW LONDON GROTON CT 06349-5101  FOR FED-EX: BLDG 439 RM 106 TAUTOG AVENUE	<b>DEWSE MURPHY (Prog Mgr)</b> denise.murphy@navy.mil <b>NICHOLAS AHART (CAC/FHS)</b> nicholas.ahart@navy.mil <b>THOMAS HOGAN (CAC/FHS)</b> tom.hogan@navy.mil <b>LINDA KRANM (CAC/FHS Asst)</b> linda.kranm@navy.mil <b>LUIS MONTOVA (CAC/FHS)</b> lou.montova@navy.mil OS2 Kamphorst gabriel.kamphorst@navy.mil VNS Fernandez leandra.fernandez@navy.mil	Comm: 860-694-5982 DSN: 694-5982 Comm: 860-694-1205 DSN: 694-1205 Comm: 860-694-1206 DSN: 694-1206 Comm: 860-694-3199 DSN: 694-3199 Comm: 860-694-1189 DSN: 694-1889 Comm: 860-694-5312 DSN: 864-5312 FAX: 860-694-3909 FHS Request Line: 860-694-3475	Comm: 757-322-2817 Casualty EXT 2 Funeral Honors EXT 1 DSN: 282-2817 Toll Free: 866-203-7791 Casualty FAX: 757-445-3115 DSN: 685-2115 Funeral Honors FAX: 757-445-2787 DSN: 584-2787	Comm: 202-885-1588 DSN: 325-1588 CELL: 202-438-4704 FAX: 202-433-6158 202-433-4589	Comm: 202-398-7883 Email/Fax System: 202-389- 7883@pegasus.net POC: 202-433-4201 EOC: 202-433-5180 BUNKROOM: 202-433-8047 FAX: 202-433-8158 M: Jim Malone Weds thru Sunday 0930-1180 M: Max Small For all other hours call Comm: 904-542-3118 FAX: 904-542-2490 Cell # for Mr. Bitley: 904-583-1242
DC, MD AND THE VA COUNTIES OF (ARLINGTON, STAFFORD, FAIRFAX, KING GEORGE, PRINCE WILLIAM & WESTMORELAND, WARREN, LOUDOUN, FAQUIER)	COMNAVREG WASHINGTON DC/ND103A/ COMMANDANT NAVAL DISTRICT WASHINGTON WASHINGTON NAVY YARD SUITE 200 ND103A RM 60504/06 1014 N STREET SE WASHINGTON DC 20374-5001	<b>BRONDA HUGHES (Prog Mgr)</b> bronda.hughes@navy.mil <b>FUNERAL HONORS SUPPORT</b> MR. Larry Marshall larry.marshall@navy.mil	Comm: 202-885-1588 DSN: 325-1588 CELL: 202-438-4704 FAX: 202-433-6158 202-433-4589	Comm: 202-398-7883 Email/Fax System: 202-389- 7883@pegasus.net POC: 202-433-4201 EOC: 202-433-5180 BUNKROOM: 202-433-8047 FAX: 202-433-8158 M: Jim Malone Weds thru Sunday 0930-1180 M: Max Small For all other hours call Comm: 904-542-3118 FAX: 904-542-2490 Cell # for Mr. Bitley: 904-583-1242		
GA, FL, AL, TN, MS, SC, KY (LESS COUNTIES OF BOYD, CARTER, ELLIOT, FLOYD, GREENUP, JOHNSON, KNOX, LAWRENCE, LEWIS, MAGOFFIN, MARTIN, MORGAN, PIKE & HOWAN), PR, CUBA, WEST INDIES	COMNAVREG SE JACKSONVILLE FL/ND11/ COMMANDER NAVAL REGION SOUTHEAST BOX 102 CODE N02NP-3 JACKSONVILLE FL 32212-0102	<b>BILL BITLEY (Prog Mgr)</b> bill.bitley@navy.mil <b>Patricia Waldon (Asst)</b> p.waldon@navy.mil <b>Jim Malone (FHS/FP)</b> jmalone@navy.mil <b>Max Small (CAC/CFHS)</b> moe.small@navy.mil	Comm: 904-542-4108 DSN: 942-4108 Comm: 904-542-4008 DSN: 942-4008 Comm: 904-542-9807 DSN: 942-9807 Comm: (904) 542-8357 DSN: 942-8357 FAX: 904-542-0422 DSN: 942-0422	Comm: 904-542-4108 DSN: 942-4108 Comm: 904-542-4008 DSN: 942-4008 Comm: 904-542-9807 DSN: 942-9807 Comm: (904) 542-8357 DSN: 942-8357 FAX: 904-542-0422 DSN: 942-0422		
LA, AR, OK, TX, KS, MO, IA, IL, MN, WI	COMNAVREG FORCOM/NO1K/ COMMANDER NAVAL RESERVE FORCES COM ATTN: G. BURCH 4400 DAUPHINE STREET NEW ORLEANS LA 70146-5000	<b>GEORGE BURCH (Prog Mgr)</b> george.burch@navy.mil <b>ITCS Frank Carole (Asst)</b> frank.carole@navy.mil <b>VNI Weierlein (Asst)</b> vni.weierlein@navy.mil	Comm: 504-678-1275 EXT 4 DSN: 678-1275 EXT 4 Comm: 504-678-1275 EXT 3 DSN: 678-1275 EXT 3 Comm: 504-678-1275 EXT 2 DSN: 678-1275 EXT 2 MILFURNON EXT 1 FAX: 504-678-1276 Toll Free Office number 877-433-3986 Comm: 360-315-5132 DSN: 322-5132 Cell: 360-340-5400 Comm: 360-315-3273 DSN: 360-315-4899 FAX: 360-315-3305	Comm: 504-678-1275 EXT 4 DSN: 678-1275 EXT 4 Comm: 504-678-1275 EXT 3 DSN: 678-1275 EXT 3 Comm: 504-678-1275 EXT 2 DSN: 678-1275 EXT 2 MILFURNON EXT 1 FAX: 504-678-1276 Toll Free Office number 877-433-3986 Comm: 360-315-5132 DSN: 322-5132 Cell: 360-340-5400 Comm: 360-315-3273 DSN: 360-315-4899 FAX: 360-315-3305		
WY, ND, SD, ID, WA, OR, NE, MT, AK (INCLUDING THE ALEUTIAN ISLANDS & THE CANADIAN PROVINCES OF BRITISH COLUMBIA, ALBERTA, YUKON & SASKATCHEWAN)	COMNAVREG NW SEATTLE WA/ND14/ COMMANDER NAVAL REGION NW CODE N00B 1103 HUNLEY ROAD SILVERDALE WA 98315-1103	<b>MS. JERRI SOLLA (Prog Mgr)</b> jerrisolla@navy.mil <b>Ms. Melody Yamanaka (Asst)</b> melody.yamanaka@navy.mil Program Mailbox: Cacfh.cnmw@navy.mil	Comm: 360-315-5132 DSN: 322-5132 Cell: 360-340-5400 Comm: 360-315-3273 DSN: 360-315-4899 FAX: 360-315-3305	Comm: 360-315-5132 (24/7) SDO Beeper: 360-308-6154 FAX: 360-315-3305		
AZ, NV, UT, NM, CO, CA, MEXICO	Casualty Assistance/Funeral Honors (Code NO1HD) 2825 LEHARDY ST. BLDG 355 San Diego CA 92136-5182	<b>DAN DELUNA (Prog Mgr)</b> daniel.deluna@navy.mil <b>Rick Delamatico (Asst)</b> rickdelamatic@navy.mil	Comm: 619-556-9670 DSN: 526-9670 TOLL FREE: 1-800-326-9631 Comm: 619-556-9670 DSN: 526-9670 FHS Request Line: 860-694-3475	Comm: 619-524-2314 FAX: 619-524-2470		

## OVERSEAS CAC/FHS PROGRAM COORDINATORS

11:28 AM/2/1/2006

ZONES OF RESPONSIBILITY	REGION	COORDINATOR/STAFF	PHONE NUMBERS	AFTER HOURS NUMBERS
BERMUUDA	COMNAVAVR/LANT NORFOLK VA 1279 FRANKLIN ST NORFOLK, VA 23511	<b>LT HAL MOHLER</b> FLAG SECRETARY hallock.mohler@navy.mil	Comm: 757-444-7592 DSN: 564-7592	Comm: 757-444-4259/2928 DSN: 564-4259/2928
SOUTH KOREA	Commander Navy Forces Korea Unit 15250 APO AP 96205-0023	CWO3 Larry Smith FLAG SECRETARY lrip@cnrl.navy.mil Alternate POC: YNC Christopher Menliee N17@cnrl.navy.mil	Comm: 011-822-7913-5124 DSN: 315-723-5124 FAX: 723-2370 (ATTN: CWO3 L. Smith) YNC Menliee Tele. Numbers: Comm: 011-822-7913-5120 DSN: 315-723-5120	Comm: 011-82-2-791-3-6789/ 4898/4899 DSN: 723-4898/4899 FAX: 723-2370(Attn: CWO3 Smith)
PHILIPPINES, THAILAND, SINGAPORE, INDONESIA, BRUNCI, MALAYSIA	COMLOG WESTPAC CODE N1 LOGISTICS GROUP WESTER PACIFIC (N1) PSC 470 BOX 2440 FPO AP 96534-2400	<b>LT RAUL BANTOG</b> N1@clwp.navy.mil YNC(SW/AW) LARRY COLVIN N11A@clwp.navy.mil	Comm: 011-865-750-2432 DSN: 315-421-2432 FAX: 011-65-6750-2469	Comm: 011-65-750-2598 DSN: 315-421-2598 FAX: 011-65-750-2469
JAPAN, OKINAWA, HONG KONG, DIEGO GARICA	COMNAVFOR/JAPAN CODE NOO4 YOKOSUKA JAPAN PSC 473 BOX 12 FPO AP 96349-0051	<b>LT KENNY ALLISON</b> Allison.Kenneth@cnrl.navy.mil YNC3 Jerry Walsh Walsh.Jerry@cnrl.navy.mil	Comm: 011-81-616-043-7612/4647 DSN: 243-7612 FAX: 243-6616 Comm: 011-81-468-16-7612 DSN: 315-243-7612	COMM: 011-81-616-043-7650/6666 DSN: 243-7650/6666 FAX: 243-7639/6390
HAWAII, ISLANDS OF WAKE, MIDWAY, KURE, JOHNSON, PALMYRA, KINGMAN REEF	COMNAVREG CODE N10 PEARL HARBOR HI	<b>JIM TAYLOR</b> james.b.taylor@navy.mil 2056 WASP BLVD PEARL HARBOR HI 96860-5810	Comm: 808-472-0020 DSN: 472-0020 HOME: 808-672-3871/3102 Alternate: LT Langlitz (808) 386-9817 FAX: 808-472-6610	Comm: (Cell) 808-590-7656 PAGER: 808-577-1577 FAX: 808-472-6610
GUAM, TRUST TERRITORY OF PACIFIC ISLANDS, AUSTRALIA	COMNAVAMARIANAS CODE N1/N003 GUAM PSC 455 BOX 152 FPO AP 96540-5303	Yvonne Selas selasy@guam.navy.mil FHS BUI David F. Downes downesd@guam.navy.mil	Comm: 671-339-5303 DSN: 339-5303 BUI: Comm 671-339-2343 FAX: 671-339-3642 DSN: 315-339-5145	Comm: 671-339-4315/2287 DSN: 339-4315/2287 FAX: 671-339-5145
EUROPE AND AFRICA LESS EASTERN LITTORAL STATES ASSIGNED TO USNAVCENT.	Commander Navy Region Europe (Naples) PSC 817 Box 106 FPO AE 09622	<b>LT JERRY MAHLAU-HEINERT</b> jerry.mahlaulheiner@cnra.navy.mil	Comm: 011-39-081-568-3764/2976 DSN: 314-626-3764/2976 FAX: Comm: 011-39-081-568-2893 FAX: DSN 314-626-2893	Comm: 011-39-335-7728/279 FAX: DSN 314-626-2893
EAST AFRICAN STATES OF EGYPT, SUDAN, KENYA, ETHIOPIA, SOMALIA, DJIBOUTI, MIDDLE EAST	COMUSNAVCENT CODE N1 NAVCENT (N1) FPO AE 09501-6008	<b>CDR Donna Joyal</b> Donna.Joyal@me.navy.mil Donna.Joyal@me.navy.mil	DSN: 318-439-4089 Comm: 011-973-1785-4089 FAX: 318-439-4579	DSN: 318-439-3856 CUSNC Battle Watch 24/7 Comm: 011-973-1785-3856 FAX: 318-439-4579

Employee's Death

Employment Standards Administration  
Office of Workers' Compensation Programs 10 Aug 1992

1. Name of Deceased Employee (Last, first, middle) SMITH, JOHN J.	2. Date of Birth (Mo., day, year) 01-05-25	3. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4. Social Security No. [REDACTED]
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5. Department or Agency DEPARTMENT OF THE NAVY	6. OWCP Agency Code	7. OSHA Site Code
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8. Name and Address of Reporting Office MSFSC PO BOX 120 VIRGINIA BEACH VA 23454	9. Name and Office Phone Number of Employee's Official Superior JESSIE JAMES, MASTER, USNS XXXXXXXX
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10. Date and Hour of Injury (Mo., day, year) <input type="checkbox"/> AM <input type="checkbox"/> PM	11. Date and Hour of Death (Mo., day, year) 0600 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12. Date and Hour Employee's Pay Stopped (Mo., day, year) 0600 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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13. Describe how injury occurred HEART ATTACK	14. Was employee in performance of duty when injury occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, explain): SLEEPING
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15. Location where injury occurred	16. Location where death occurred BUNK	17. Immediate cause of death (Attach medical and autopsy report if available) HEART ATTACK
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18. Employee's pay rate as of	a. Base pay	b. Subsistence	c. Quarters	d. Other
A. Date of injury 03-05-85	\$ 14432 per ann	\$ per	\$ per	\$ per
B. Date pay stopped 03-05-85	\$ 14432 per ann	\$ per	\$ per	\$ per

19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates) From _____ To _____ NO	22. a. Occupation code	b. Type code	c. Source code
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23. Did employee receive continuation of pay (COP) during period prior to death? NO	OWCP use - NOI code
a. Pay rate used for COP \$ per	b. Inclusive dates of COP From _____ To _____

24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number: 201	25. Show date through which HBS deductions were last made (Mo., day, year) 03-05-85	26. If employee received medical care prior to death, give name and address of attending physician N/A
---	--	---

27. If injury was caused by a third party, give name and address of third party N/A	28. Give name and address of the attorney representing the survivors if legal action is instituted against the third party N/A	29. Show amount of third party recovery, if any \$
--	---	---

30. If employee was a member of the Armed Services of the United States, show: Branch of Service: Serial No. (if known) N/A	31. Has claim for survivor's benefits been filed with the Office of Personnel Management? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

32. Name and address of employee's spouse or next of kin (Show relationship, if other than spouse) JAN J. SMITH 1000 MAIN STREET ARLINGTON, VIRGINIA 22201
---

33. Signature of Official Superior <i>Jessie James</i>	34. Title MASTER, USNS XXXXX	35. Date (Mo., day, year) 03-05-85
---	---------------------------------	---------------------------------------



## Instructions for Completing Form CA-6

When a Federal employee dies as a result of injury in performance of duty or because of an employment related disease, the death should be reported on this form. This form eliminates the need to complete and file the official superior's report on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.

The form is to be completed by the deceased employee's official superior or other authorized official of the employing agency. It should be accompanied by a certified copy of the death certificate, when submitted to OWCP.

Form CA-5 or CA-5b should be supplied to the employee's spouse or next of kin.

If additional space is required, attach separate sheets and number the answers to correspond with the items on the form.

For additional information about death benefits, see 20 CFR 1.1 and/or Chapter 810, Injury Compensation, Federal Personnel Manual.

### **Box 22a (Occupation Code), Box 22b (Type Code), Box 22c (Source Code), OSHA Site Code**

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Recordkeeping and Reporting Guidelines.

### **OWCP Agency Code**

This is a four digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.





**INVENTORY OF PERSONAL EFFECTS**  
 (LOST - ABANDONED - UNCLAIMED)  
 NAVSUP FORM 29 (REV. 3-78)

THE PRIVACY ACT OF 1974. AUTHORITY: Title 5, U.S.C. Code 5724. Use of SSN authorized by Executive Order 9397 of 22 November 1943; Title 4, U.S.C. Code 406. PRINCIPAL PURPOSE: To serve as a record of property impounded by the Government incident to a member's death or disappearance. ROUTINE USES: (A) Serves as a record of all property impounded by Government which has been left behind by members who have disappeared or belonging to deceased members or employees. (B) Serves as a source document for preparation of shipping documents used to return property to next of kin or legal owner. VOLUNTARY: Lack of SSN on this form will not directly affect the member. When it is furnished, however, it precludes any possible mistaken identity when names are the same and this is a frequent occurrence.

NAME (Last) <b>SMITH</b>	(First) <b>JOHN</b>	(Middle) <b>J</b>	SSAN <b>123-45-6789</b>
SHIP/STATION <b>MSFSC USNS XXXXXXXX</b>			DATE ACQUIRED CUSTODY

HOME OF RECORD  
**1000 MAIN STREET, ARLINGTON, VA 22201**

NAME AND ADDRESS OF NEXT OF KIN, HEIR, LEGAL REPRESENTATIVE  
**MS. JAN J. SMITH (WIFE) 1000 MAIN STREET, ARLINGTON, VIRGINIA 22201**

REASON FOR INTERVENTION (SELECT ONE ITEM)

DECEASED       DECLARED AWOL/DESERTER       MENTALLY/PHYSICALLY INCAPACITATED

MIA       TRANSFRD ON LV OR TEMDU       TRANSFRD W/O BELONGINGS      DATE

INVENTORY BOARD APPOINTED	DATE OF APPOINTMENT	APPOINTED BY (Typed name of CO/INC signature)
SENIOR: <b>T. Burns, 1st Officer</b> OTHER: <b>R. Thomson</b>	<b>03-05-85</b>	<b>J. James, Master</b>

RECEIVED FROM INVENTORY BOARD, DATE:	SIGNATURE, RANK, TITLE OF RECEIVING OFFICER	SHIP/STA (if other than above)
<b>03-05-85</b>	<i>J. James</i> <b>J. James, Master</b>	<b>USNS XXXX</b>

**STATEMENT OF UNSETTLED FINANCIAL TRANSACTIONS**

OWED TO ABOVE-NAMED MEMBER BY	AMOUNT	OWED BY ABOVE-NAMED MEMBER TO	AMOUNT
<b>S A M P L E</b>			

PERSONAL EFFECTS RETURNED TO:

NEXT OF KIN       LEGAL OWNER       PEDC CHEATHAM ANNEX       PEDC OAKLAND CA

REMARKS (Overseas use only - use when applicable)

Personal effects to be shipped to Commander, Military Sealift Command, Atlantic, Bayonne, New Jersey 07002-5399. Attn: Supply Office, NOOM

NAME (Last)	(First)	(Middle)	SSAN
SMITH	JOHN	J	123-45-6789
ASSIGNED TO			DATE
USNS XXXXXXX			

**LIST OF PERSONAL EFFECTS**

	DESCRIPTION	NO.	CLASS III—MONEY	DENOM.	NO.	AMOUNT
CLASS I BEDDING	Blanket		Bills	\$		
	Cover, Pillow					
	Cover, Mattress					
CLASS II—CLOTHING PRESCRIBED BY NAVY UNIFORM REGULATIONS	Bag, Duffel	1				
	Belt	1				Subtotal
	Blouse/Shirt	2	Coins	\$	1.00	
	Cap (Blk/Lb/Khaki)	1				.50
	Coat (Utility/Winter)					.25
	Coat (Rain)					.10
	Coat Uniform (Winter/Summer)					.05
	Gloves/Handbag					.01
	Hat (Combination)					
	Hat, Covers (Wn/Blk/Khaki)					Subtotal
	Havelock			Foreign Currency		
	Hood, Rain					TOTAL
	Insignia (As required)			CLASS IV—NEGOTIABLE AND NONNEGOTIABLE INSTRUMENTS		VALUE
	Lingerie					
	Necktie					
	Scarf	1				
	Shirt (Wh/Blk/Khaki)					
	Shirt (Utility)					
	Shoe (Dress)	2		CLASS V—MISCELLANEOUS ARTICLES OF INTRINSIC, SENTIMENTAL & UTILITY VALUE		
	Shoe (Gym/Safety)					
	Shorts					
	Skirts					
	Sleeves					
	Socks	1 pr				
	Trousers (Utility)					
Trousers (Bl/Wh/Khaki)						
Undershirt	5					
Underdrawers	5					

<b>INVENTORY BOARD</b>	
SEAL NO.	SENIOR BOARD MEMBER T. Burns
DATE OF INVENTORY	OTHER BOARD MEMBER R. Thomson
FOR USE OF SUPPLY OFFICER	DISPOSITION (if other than owner/bailee or shipment to other activity)
APPROVED BY (Signature of appointment officer): B. James, Master, USNS XXXXXXX	

SAMPLE	REMARKS
--------	---------

**INVENTORY OF PERSONAL EFFECTS  
LOST - ABANDONED - UNCLAIMED**

NAVSUP FORM 29 (REV. 5-78)

THE PRIVACY ACT OF 1974, AUTHORITY: Title 5, U.S.C. Code 5274. Use of SSN authorized by Executive Order 9397 of 22 November 1943; Title 4, U.S.C. Code 406, PRINCIPAL PURPOSE: To serve as a record of property impounded by the Government incident to a member's death or disappearance. ROUTINE USES: (A) Serves as a record of all property impounded by Government which has been left behind by members who have disappeared or belonging to deceased members or employees. (B) Serves as a source document for preparation of shipping documents used to returned property to next of kin or legal owner. VOLUNTARY: Lack of SSN on this form will not directly affect the member. When it is furnished, however, it precludes any possible mistaken identity when names are the same and this is a frequent occurrence.

NAME (Last)	(First)	(Middle)	SSAN
SHIP/STATION			DATE ACQUIRED CUSTODY

HOME OF RECORD

NAME AND ADDRESS OF NEXT OF KIN, HEIR, LEGAL REPRESENTATIVE

REASON FOR INTERVENTION (SELECT ONE ITEM)

DECEASED     
  DECLARED AWOL/DESERTER     
  MENTALLY/PHYSICALLY INCAPACITATED  
 MIA     
  TRANSFRD ON LV OR TEMDU     
  TRANSFRD W/O BELONGINGS     
 DATE

INVENTORY BOARD APPOINTED SENIOR: OTHER:	DATE OF APPOINTMENT	APPOINTED BY (Typed name of CO/OINC signature)
--	---------------------	--

RECEIVED FROM INVENTORY BOARD, DATE:	SIGNATURE, RANK, TITLE OF RECEIVING OFFICER	SHIP/STA (If other than above)
--------------------------------------	---	--------------------------------

**STATEMENT OF UNSETTLED FINANCIAL TRANSACTIONS**

OWED TO ABOVE - NAMED MEMBER BY	AMOUNT	OWED TO ABOVE - NAMED MEMBER BY	AMOUNT

PERSONAL EFFECTS BEING SHIPPED TO

NEXT OF KIN     
  LEGAL OWNER     
  PEDC CHEATHAM     
  PEDC OAKLAND CA

REMARKS (Overseas/typed name of Custom Inspector (if applicable))

S/N 0108-LF-500-0803

**ENCLOSURE (4)**

NAME (Last)	(First)	(Middle)	SSAN
ASSIGNED TO			DATE

**LIST OF PERSONAL EFFECTS**

	DESCRIPTION	NO.	CLASS III - MONEY	DENOM.	NO.	AMOUNT
<b>CLASS I BEDDING</b>	Blanket		Bills	\$		
	Cover, Pillow					
	Cover, Mattress					
<b>CLASS II - CLOTHING PRESCRIBED BY NAVY UNIFORM REGULATIONS</b>	Bag, Duffel					
	Belt			Subtotal		
	Blouse/Shirt		Coins	\$ 1.00		
	Cap (Blk/Lb/Khaki)			.50		
	Coat (Utility/Winter)			.25		
	Coat (Rain)			.10		
	Coat Uniform (Winter/Summer)			.05		
	Gloves/Handbag			.01		
	Hat (Combination)					
	Hat, Covers (Wh/Blk/Khaki)			Subtotal		
	Havelock		Foreign Currency			
	Hood, Rain				TOTAL	
	Insignia (As required)		CLASS IV - NEGOTIABLE AND NONNEGOTIABLE INSTRUMENTS			VALUE
	Lingerie					
	Necktie					
	Scarf					
	Shirt (Wh/Blk/Khaki)					
	Shirt (Utility)					
	Shoe (Dress)					
	Shoe (Gym/Safety)					
Shorts		CLASS V - MISCELLANEOUS ARTICLES OF INTRINSIC, SENTIMENTAL & UTILITY VALUE				
Skirts						
Slacks						
Socks						
Trousers (Utility)						
Trousers (Wh/Blk/Khaki)						
Undershirt						
Underdrawers						

**INVENTORY BOARD**

SEAL NO.	SENIOR BOARD MEMBER	REMARKS
DATE OF INVENTORY	OTHER BOARD MEMBER	
<b>FOR USE OF SUPPLY OFFICER</b>	DISPOSITION (If other than owner/bailee or shipment to other activity)	
APPROVED BY (Signature of appointment officer)		

REQUISITION AND INVOICE/SHIPPING DOCUMENT

Document No. NXXXXX/XXXX/XXXX

1 FROM (62381) COMSCLANT USNS XXXXXXXX

2 SHEET NO. OF SHEETS 1 1  
3 REQUISITION DATE 03-10-85  
4 DATE MATERIAL REQUIRED

5 AUTHORITY OR PURPOSE RDD  
6 PRIORITY  
7 NAVSUP P-485  
8 SIGNATURE Master  
9 DATE SHIPPED  
10 MODE OF SHIPMENT  
11 AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.

FOR: DAY & ZIMMERMAN  
ATTN NEAF EAST LOGISTICS  
1112 CAVALIER BLVD  
CHESAPEAKE VA 23323

11 VOUCHER NUMBER AND DATE  
12 BILL OF LADING NUMBER

DEPARTMENT DOC. NO. 17X4912.3302 NIF  
FUND CODE 77777  
AMOUNT

ITEM NO. (a)	DESCRIPTION AND CODING OF MATERIAL AND/OR SERVICES (b)	QUANTITY (c)	UNIT PRICE (d)	TOTAL COST (e)
1	Personal Effects, Property of CIVMAR: Mr. John J. Smith, SSN 123-45-6789 Received by _____ Date _____ GBL _____ Certified Mail _____			

MP LF

16 TRANSPORTATION VIA MATS OR MATS CHANGEABLE TO	TOTAL CONTAINERS	TOTAL TONNAGE	DISCRIPTION	TOTAL WEIGHT	TOTAL CUBE	17 SPECIAL HANDLING
ISSUED BY						
CHECKED BY						
PACKED BY						
			TOTAL			

19 CONTAINERS RECEIVED AND NOTED	DATE	BY	20 RECEIVERS VOUCHER NO.
QUANTITIES RECEIVED	DATE	BY	
NOTED			
POSTED			



SHIPPING CONTAINER TALLY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

**REQUISITION AND INVOICE/SHIPPING DOCUMENT**

Form Approved  
OMB No. 0704-0246  
Expires Jan 31, 2003

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2.**

1. FROM: (Include ZIP Code) SHEET NO. NO. OF SHEETS DATE 5. REQUISITION NO. 6. REQUISITION NUMBER

7. DATE MATERIAL REQUIRED (YYYYMMDD) 8. PRIORITY

9. AUTHORITY OR PURPOSE

10. SIGNATURE 11. VOUCHER NUMBER & DATE (YYYYMMDD)

12. DATE SHIPPED (YYYYMMDD) b.

13. MODE OF SHIPMENT 14. BILL OF LADING NUMBER

15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.

4. APPROPRIATIONS DATA

ITEM NO.	(a)	(b)	UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CON. TAINER (f)	CON. TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)	AMOUNT
	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES									

16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO

17. SPECIAL HANDLING

ISSUED BY	TOTAL CON. TAINERS	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	SHEET TOTAL
CHECKED BY					QUANTITIES RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	GRAND TOTAL
PACKED BY					POSTED	DATE (YYYYMMDD)	BY	26. RECEIVER'S VOUCHER NO.
		TOTAL						





DEPARTMENT OF THE NAVY  
MILITARY SEALIFT FLEET SUPPORT COMMAND  
P.O. BOX 120  
VIRGINIA BEACH, VA 23454

IN REPLY REFER TO

12900  
Ser N42/20

Mrs. Jan Smith  
1000 Main Street  
Arlington, VA 22201

## SAMPLE

Dear Mrs. Smith:

The personal effects of your late husband, John, have been forwarded to you under separate shipment and consist of the items in enclosure (1).

I am required to advise you that these effects were delivered to you in accordance with existing regulations and that this action does not vest title in the property to you. Delivery of the effects is made so that distribution can be accomplished in accordance with the laws of the State of Virginia.

When shipment has been received, please acknowledge receipt on a copy of this letter and return it in the enclosed envelope.

Sincerely,

A. B. CASE  
CDR, SC, USN  
Logistics Director

Encl: (1)  
Inventory of Personal Effects of John Smith

Date \_\_\_\_\_

Receipt of John Smith's personal effects is acknowledged.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Enclosure (6)

PUBLIC VOUCHER  
FOR UNPAID COMPENSATION DUE A  
DECEASED CIVILIAN EMPLOYEE

PAID BY
---------

NAVY - MILITARY SEALIFT FLEET SUPPORT COMMAND  
(Department and bureau, agency, or establishment)  
MSFSC PO BOX 120 VIRGINIA BEACH VA 23454  
(Location)

NAMES AND ADDRESSES (INCLUDING ZIP CODES) OF PAYEES	AMOUNT
JAN J. SMITH	1,921.36
1000 MAIN STREET	
ARLINGTON, VA 22201	
<b>S A M P L E</b>	
Net amount due as per summary on reverse hereof	1,921.36

Amount of unpaid compensation due JOHN J. SMITH a civilian employee  
of the United States or the District of Columbia, who died on the 5TH day of MARCH, 1985.

Gross amount chargeable to appropriations and funds, as distributed below \$ 1,921.36

*Puttural in authority vested in me, I certify that the items listed herein are correct and proper for payment from the appropriations and/or fund(s) indicated below.*

*G.M. PLETNER*  
G.M. PLETNER

(Authorized certifying officer)

Date \_\_\_\_\_

Title COMPTROLLER

ACCOUNTING CLASSIFICATION (REVISED 7-65)

APPROPRIATION SYMBOL AND NUMBER	OBJECT CLASS	BUREAU CONT. AND SUBALLOT. NO.	AUTH. ACCTG. ACTIVITY	T Y P E	PROPERTY ACCTG. ACTIVITY	COST CODE	AMOUNT
17X4912.3302	000	77777	62381	2E	62381	2152	1,921.36

Paid to the payee(s) named hereon by check No. 01,444,555 through \_\_\_\_\_ drawn on Treasurer U.S., or on \_\_\_\_\_; or by cash in the amount of \$ \_\_\_\_\_  
(Name of bank)

\*Payee \_\_\_\_\_

\*If payment is made to cash, signature of the payee in acknowledgment of receipt of payment is required. If more than one payee, a receipt should be obtained for the amount paid to each and attached to the voucher.

Summary of "UNPAID COMPENSATION" of the deceased civilian employee named on the face of this Public Voucher:

Amount

Lump sum payment for annual leave \_\_\_\_\_ 988.39  
 Salary or pay for which checks have not been issued \_\_\_\_\_ 367.21  
 Reimbursement for travel expenses \_\_\_\_\_  
 Allowances \_\_\_\_\_  
 Cash awards for employees' suggestions \_\_\_\_\_

Unnegotiated checks drawn in payment of such compensation and deposited:

Check No.	Date	Amount
330,444	3/10/85	565.76
_____	_____	_____
_____	_____	_____
_____	_____	565.76

Unapplied balances on U.S. Savings Bond purchases \_\_\_\_\_

TOTAL CHARGEABLE TO APPROPRIATIONS, SPECIAL FUNDS, ETC. \_\_\_\_\_ \$1,921.36

Less amounts deducted or withheld:

Outstanding travel advances \_\_\_\_\_  
 Civil service retirement \_\_\_\_\_  
 Employee life insurance \_\_\_\_\_  
 Health benefits \_\_\_\_\_  
 Other \_\_\_\_\_

NET AMOUNT DUE \_\_\_\_\_ \$1,921.36

PREVIOUS PARTIAL PAYMENTS OF "UNPAID COMPENSATION"

_____	_____	_____
_____	_____	_____
_____	_____	_____
(Voucher number)	(Date paid)	(D.O. symbol)

D-12007

OP-1122-O-117-728





9595

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115  <b>1997</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Paperwork Reduction Act Notice and instructions for completing this form, see <b>Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
RECIPIENT'S name		6 Medical and health care payments \$	7 Nonemployee compensation \$	
Street address (including apt. no.)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/>	
City, state, and ZIP code		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not <input type="checkbox"/>	12 State/Payer's state number	13 \$	

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

**Do NOT Cut or Separate Forms on This Page**

Enclosure (8)

LAST NAME		FIRST NAME		MIDDLE NAME		SOC. SEC. NO.		AGENCY		PAYROLL OFFICE		LOCATION		PAYROLL OFFICE NO.	
SMITH		JOHN		J.		01 05 25 123 45 6789		NAVY		MSFSC		VA BEACH VA		170-62381 CSU-E 170-62383 CSU-W	
1.						DO NOT USE									
2.															
3.															
4.															

(RECORD EACH NAME CHANGE -  
STRIKE OUT PREVIOUS NAME)

SERVICE HISTORY

FISCAL RECORD

EFFECTIVE DATE	ACTION	BASE PAY	DO NOT USE	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	REMARKS
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)
5/7/73	EXC APPT COND'L	6493		Wiper	1973	206.15	206.15	
6/6/73	PAY ADJ	7143		"	1974	419.25	625.40	
6/16/74	"	7500		"	1975	535.79	1161.19	
6/16/75	"	8551		"	1976	595.80	1756.99	
6/16/76	"	8979		"	1977	615.27	2372.26	
12/16/76	"	9162		"	1978	735.47	3107.73	
6/16/77	"	9804		"	1979	758.75	3866.48	
12/16/77	"	10001		"	1980	805.35	4671.83	
6/16/79	"	11341		"	1981	899.70	5571.53	
10/1/79	"	11556		"	1982	953.90	6525.43	
12/16/79	"	12019		"	1983	995.76	7521.19	
6/6/80	"	12136		"	1984	1005.16	8526.35	
10/1/80	"	13213		"	1985	367.59	8893.94	
12/16/80	"	13242		"				
6/16/82	"	13877		"				
12/16/82	"	14432		"				
3/5/85	DEATH	14432		"				

SAMPLE





**REGISTER OF SEPARATIONS  
 AND TRANSFERS  
 CIVIL SERVICE RETIREMENT SYSTEM**

<b>AGENCY</b> Navy	<b>DATE</b> 10 March 1985	<b>PAGE NO.</b> CSC 85-01
-----------------------	------------------------------	------------------------------

<b>BUREAU OR REPORTING UNIT</b> MSFSC	<b>LOCATION</b> VA BEACH VA 23458-0120	<b>PAYROLL OFFICE NO.*</b> 17062381 E 17062383 W
--	---	--

NAME (1)	CURRENT YEAR RETIREMENT DEDUCTIONS (for agency use only) (2)	TOTAL RETIREMENT DEDUCTIONS TO CREDIT OF EMPLOYEES (3)	DATE OF SEPARATION AND REMARKS, IF ANY (4)
Smith, John J.      1/5/25 123-45-6789	\$ 367.59	\$ 8893.94	3/5/85 Death
<b>S A M P L E</b>			
<b>PAGE TOTALS</b>	367.59	8893.94	
<b>TOTALS BROUGHT FORWARD FROM PAGE</b> 00	-0-	-0-	
<b>ACCUMULATED TOTALS TO DATE</b>	367.59	8893.94	

**INSTRUCTIONS:** One copy of this register must accompany 2806's transmitted to U. S. Civil Service Commission and one copy sent to agency retirement officer by bureau or reporting unit.  
 \*Give payroll office number of SUBMITTING office.

**Register of Separations  
 and Transfers  
 Civil Service Retirement System**

Agency	Date	Page No.
Bureau or Reporting Unit	Location	Payroll Office No.*

NAME AND DATE OF BIRTH (1)	CURRENT YEAR RETIREMENT DEDUCTIONS (for agency use only) (2)	TOTAL RETIREMENT DEDUCTIONS TO CREDIT OF EMPLOYEES (3)	DATE OF SEPARATION AND REMARKS, IF ANY (4)
	\$	\$	
<b>Page Totals</b>			
<b>Totals Brought Forward from Page</b> _____			
<b>Accumulated Totals to Date</b>			

**INSTRUCTIONS:** One copy of this register *must* accompany 2806's transmitted to the Office of Personnel Management and one copy sent to agency retirement officer by bureau or reporting unit.

\*Give payroll office number of SUBMITTING office





# Register Of Separations and Transfers

Federal Employees Retirement System

1. Agency		2. Telephone Number	3. Date	4. Page No.
5. Bureau or Reporting Unit		6. Location		7. Payroll Office No.
8. Name, Date of Birth and Social Security No.		9. Current Year Retirement Deductions (for agency use only)	10. Total Retirement Deductions to Credit of Employees	11. Date of Separation and Remarks, if any
		\$	\$	
Page Totals				
Totals Brought Forward from Page _____				
Accumulated Totals to Date				

# SAMPLE

**INSTRUCTIONS:** One copy of this register MUST accompany FERS Retirement Records, SF 3100's, transmitted to the Office of Personnel Management at FERS, P.O. Box 200, Boyers, PA 16020. DO NOT USE this form to cover CSRS SF 2806's; instead use form SF 2807. Use the payroll office number of SUBMITTING office.

ENCLOSURE (10)





# THRIFT SAVINGS PLAN EMPLOYEE DATA/PAYMENT/ NEGATIVE ADJUSTMENT RECORD INPUT FORM

TSP-1

## Section A Identification

1. Social Security Number	2. Date of Birth Month/Day/Year	3. Effective Date Month/Day/Year	4. Submitting Office Location				5. Journal Voucher Report Number
			Dept.	Agency	Personnel Office Number	Payroll Office Number	
			NV	33	2001	17062381	

## Section B Employee Data Record

6. Record Number 01			16. Retirement Code <input type="checkbox"/>								
7. Employee Name (Last) (First) (Middle)			1 = CSRS 3 = FS 4 = None (Reemployed CSRS) 6 = CSRS (Special) 8 = VA Judges (without survivor annuity benefits) 9 = VA Judges (with survivor annuity benefits) A = Article III Judges and Justices B = Bankruptcy Judges and Justices under JRS C = FICA and CSRS (Partial) D = FS Pension (Law Enforcement) E = FICA and CSRS Special (Partial) F = FS (Law Enforcement) G = FICA and FS (Partial) H = FS (Law Enforcement Officers) K = FERS L = FERS Air Traffic Controller M = FERS FF/LE N = FERS Reserve Technician P = FSPS R = FICA and CSRS (Full) S = Claims Court Judges (JRS) T = FICA and CSRS-Special (Full) U = Bankruptcy Judges (FICA/Partial CSRS) V = CSRS (Congressional) W = FICA and FS (Full) Y = Bankruptcy Judges (FICA/Full CSRS)								
8. 1st Line Address			17. Vesting Code <input type="checkbox"/> 0 = CSRS Employees 2 = SES Noncareer, ES, Confidential, or Congressional FERS 3 = All Other FERS								
9. 2nd Line Address											
10. 3rd Line Address											
11. City											
12. State or Country		13. Zip Code		18. SCD for Vesting Month/Day/Year							
14. Status Code <input type="checkbox"/>		15. Status Date Month/Day/Year									
Yes, Eligible N = No, Ineligible T = Participation Terminated											
Previous Data Submitted Previously											
Social Security Number		22. Date of Birth Month/Day/Year		23. Department Code		24. Agency Code		19. Separation Code <input type="checkbox"/>		20. Separation Date Month/Day/Year	
D = Deceased N = Not Separated B = OPM - approved Disability Retirement T = Transferred S = Separated, Retired, Other											

## Section C Current or Late Payment Record

25. Record Number (Check / only one)  11  41 Effective Date (for 41-Record only) \_\_\_\_\_  
Month/Day/Year

Allocation	G FUND	F FUND	C FUND	TOTALS
26. Employee Contribution	\$	\$	\$	27. \$
28. Agency Automatic (1%) Contribution				29.
30. Agency Matching Contribution				31.
32. Total Payment Record				32.

## Section D Negative Adjustment Record

33. Record Number 21 Effective Date \_\_\_\_\_  
Month/Day/Year

Allocation	G FUND	F FUND	C FUND	TOTALS
34. Employee Contribution	\$	\$	\$	35. \$
36. Agency Automatic (1%) Contribution				37.
Agency Matching Contribution				39.
40. Total Negative Adjustment Record				40.



# THRIFT SAVINGS PLAN

## EMPLOYEE DATA/PAYMENT/NEGATIVE ADJUSTMENT RECORD INPUT FORM

TSP-5

### Section A Identification

1. Submitting Office Location Payroll Office Number    Dept.    Agency    Personnel Office Identifier				2. Journal Voucher Report Number	3. Social Security Number	4. Date of Birth (mm/dd/yyyy)	5. Current Pay Date (mm/dd/yyyy)
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### Section B Employee Data Record

6. Record Number 06			18. Retirement Code <input type="checkbox"/>	
7. Employee Name (Last) (First) (Middle)			1 = CSRS 2 = FICA only 3 = FS 4 = None (Reemployed CSRS Annuitant) 6 = CSRS (Special) 8 = VA Judges (without survivor annuity benefits) 9 = VA Judges (with survivor annuity benefits) A = Article III Judges and Justices B = Bankruptcy Judges and Justices under JRS C = FICA and CSRS (Partial) D = FS Pension (Law Enforcement) E = FICA and CSRS Special (Partial) F = FS (Law Enforcement) G = FICA and FS (Partial) H = FS (Law Enforcement Officers) K = FERS L = FERS Air Traffic Controller M = FERS FF/LE N = FERS Reserve Technician P = FPS R = FICA and CSRS (Full) S = Claims Court Judges (JRS) T = FICA and CSRS-Special (Full) U = Bankruptcy Judges (FICA/Partial CSRS) V = CSRS (Congressional) W = FICA and FS (Full) Y = Bankruptcy Judges (FICA/Full CSRS)	
8. 1st Line Address				
9. 2nd Line Address				
10. 3rd Line Address				
11. City	12. State/Country	13. Zip Code		
14. Status Code <input type="checkbox"/>				
W = FERS contributing but not eligible for agency contributions E = FERS eligible for agency contributions but not contributing Y = Contributing and, if FERS, eligible for agency contributions T = Terminated contributions and, if FERS, eligible for agency contributions S = FERS stopped contributing but not yet eligible for agency contributions I = Ineligible to participate in the TSP				
15. Status Date (mm/dd/yyyy)		17. Vesting Code <input type="checkbox"/>		
16. TSP-SCD (mm/dd/yyyy)		0 = CSRS Employees    3 = All Other FERS 2 = SES Noncareer, EL, Confidential, or Congressional FERS		
		19. Employment Code <input type="checkbox"/>		
		20. Employment Code Date (mm/dd/yyyy)		
		Blank = Not Separated    T = Transferred N = Not Separated (Prior separation code error)    B = OPM - approved Disability Retirement D = Deceased    S = Separated, Retired, Other		
Erroneous Data Submitted Previously				
		21. Social Security Number		22. Date of Birth (mm/dd/yyyy)

### Section C Current or Late Payment Record

23. Record Number (Check <input checked="" type="checkbox"/> only one) <input type="checkbox"/> 16 <input type="checkbox"/> 46	
"As of" Date mm / dd / yyyy	
	<b>TOTALS</b>
Employee Contribution	24. \$
Agency Automatic (1%) Contribution	25.
Agency Matching Contribution	26.
<b>Total Payment Record</b>	<b>27.</b>

### Section D Negative Adjustment Record

28. Record Number 26	
Attributable Pay Date mm / dd / yyyy	
	<b>TOTALS</b>
Employee Contribution	29. \$
Agency Automatic (1%) Contribution	30.
Agency Matching Contribution	31.
<b>Total Negative Adjustment Record</b>	<b>32.</b>